



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masanori ASAKURA

Serial No: 09/816,856

Filed: March 22, 2001

For: IMAGE PROCESSING APPARATUS AND IMAGE  
PROCESSING METHOD EMPLOYING THE SAME

Art Unit: 2621

Examiner: P. L. Edwards

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on May 11, 2004	
Date of Deposit Anthony J. Orlor, Reg. No. 41,232	
Signature	05/11/04 Date

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_ Patent Application No. \_\_ filed \_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☒ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-20	20	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	6	0	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
					<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$-0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON, L.P.

By:

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Date: May 11, 2004

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